



Impartial Hearing Office
131 Livingston Street - Room 201
Brooklyn, New York 11201

Telephone: (718) 935-3280
Fax: (718) 935-2528

TRANSMITTAL OF DECISION TO PARENTS

January 21, 2011

RE: [REDACTED]

Decision Order on Pendency

Representing Office: District 75

District: 26

District Contact: [REDACTED]

Telephone: [REDACTED]

Enclosed please find the Hearing Officer's Decision ("Decision") in the above referenced matter. This Decision may require the New York City Department of Education ("DOE") to take certain action.

NOTE: If the Decision says that you must provide information or documents to DOE or if DOE asks you for additional information to comply with the hearing Decision, you should provide it to DOE as soon as possible. If you do not provide the information or documents promptly, DOE may not be able to timely comply with the Decision.

You have the right to appeal within 35 days of the date of this Decision. The parent and/or DOE has a right to appeal the Decision to the State Review Officer of the New York State Education Department under Section 4404 of the Education Law and the Individuals with Disabilities Education Act.

"The notice of intention to seek review shall be served upon the school district not less than 10 days before service of a copy of the petition for review upon such school district, and within 25 days from the date of the decision sought to be reviewed. The petition for review shall be served upon the school district within 35 days from the date of the Decision sought to be reviewed. If the Decision has been served by mail upon petitioner, the date of mailing and the four days subsequent thereto shall be excluded in computing the 25- or 35-day period." (8NYCRR279.2(b))

Failure to file the notice of intention to seek review is a waiver of the right to appeal this Decision.

Please refer to the enclosed information if you have any questions regarding the implementation of the Decision or the appeal process. Directions and sample forms for filing an appeal are included with this Decision. Directions and forms can also be found at the Office of State Review website: www.sro.nysed.gov.

A copy of this Decision has also been mailed to any representative listed above.

Thank you.

**IMPORTANT INSTRUCTIONS FOR RECEIVING REIMBURSEMENT OR PAYMENT FOR TUITION OR SERVICES
AWARDED AT AN IMPARTIAL HEARING**

I. If there is a pendency or final decision ordering the Department of Education to reimburse a party for school tuition paid or services already rendered, and documents described below **FAILED** to be introduced as evidence at the hearing, you will not be reimbursed unless the missing documentation is submitted to the Department of Education.

**DOCUMENTATION REQUIRED FOR PARTIES SEEKING REIMBURSEMENT FOR SCHOOL TUITION PAID AND
OR SERVICES RENDERED OR A DEVICE**

- Signed tuition/services contract between school/provider and parent indicating cost and enrollment period,
- Invoice for tuition/services/device on school/provider letterhead detailing services provided (e.g., # sessions, duration of session, rate and date(s) of service) or the full cost of the device,
- Name of vendor and/or hourly rate.

AND ANY OF THE FOLLOWING PROOFS OF PAYMENT

1. Cancelled check(s) both side – payable to school/provider. OR
2. Credit card statement(s) – clearly detailing provider and amount paid; OR
3. Bank statement(s) (paper or on-line) – clearly indicating provider and amount paid.

SPECIAL INSTRUCTIONS FOR CASH/MONEY ORDER PAYMENTS

If payment was made by cash or money order, please fill out the Parent Affidavit of Cash or Money Order Payment (see attached) and send the completed original form to the Impartial Hearing Office for processing.

**PARENTS THAT HAVE NEVER BEEN REIMBURSED BY THE CITY OF NEW YORK OR REQUIRE THEIR PAYMENT
INFORMATION TO BE UPDATED**

- Complete W9 form (PARENT VERSION) for parties seeking reimbursement for the first time or if the payment information (e.g, mailing address) has changed : (copy attached)

REIMBURSEMENT FOR TOLL, MILEAGE AND/OR FUEL COSTS

Parties awarded reimbursement for transportation cost will be reimbursed at the current rate set by the Internal Revenue code and any additional costs (tolls and/or fuel) will only be reimbursed if specified in the decision. Acceptable proofs of payments for transportation costs include cash receipts, credit card statements, or parent's affidavit. A mileage log is also required (see attached). Reimbursement for private car service requires a detailed receipt with the car service name, child's name, destination, date, time, and cost.

You will be required to send copies of documents to:

Impartial Hearing Office
131 Livingston Street, Room 201
Brooklyn, NY 11201
Attn: Reimbursement Documentation
Telephone number 718- 935-3280
Fax Number: 718-935-2528

Please make sure that ALL documentation submitted to this office includes the Impartial Hearing Office six digit **CASE NUMBER**. Reimbursement will be limited to the amount equal to the proof submitted. So please make sure you send all the paperwork needed to cover the amount for which you are seeking payment.

Rev. September 2010

DO NOT SUBMIT FORM TO IRS - SUBMIT FORM TO REQUESTING AGENCY NOT Revision	CITY OF NEW YORK SUBSTITUTE FORM W-9: REQUEST FOR TAXPAYER IDENTIFICATION NUMBER & CERTIFICATION														
TYPE OR PRINT INFORMATION NEATLY. PLEASE REFER TO INSTRUCTIONS FOR MORE INFORMATION.															
Part I: Vendor Information															
1. Legal Business Name: (As it appears on IRS EIN records, CP575, 147G - or - Social Security Admin records, Social Security Card, certified Form SSA7026)	2. If you use DBA, please list below:														
3. Entity Type (Check one only): <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Non-Profit Corporation</td> <td><input type="checkbox"/> Corporation/ LLC</td> <td><input type="checkbox"/> Government</td> <td><input type="checkbox"/> City of New York Employee</td> <td><input type="checkbox"/> Personal Service Corporation</td> <td><input type="checkbox"/> Individual / Sole Proprietor</td> <td><input type="checkbox"/> Trust</td> </tr> <tr> <td><input type="checkbox"/> Joint Venture</td> <td><input type="checkbox"/> Partnership/ LLC</td> <td><input type="checkbox"/> Single Member LLC (Individual)</td> <td><input type="checkbox"/> Resident/Non-Resident Alien</td> <td><input type="checkbox"/> Non-United States Business Entity</td> <td><input type="checkbox"/> Estate</td> <td></td> </tr> </table>		<input type="checkbox"/> Non-Profit Corporation	<input type="checkbox"/> Corporation/ LLC	<input type="checkbox"/> Government	<input type="checkbox"/> City of New York Employee	<input type="checkbox"/> Personal Service Corporation	<input type="checkbox"/> Individual / Sole Proprietor	<input type="checkbox"/> Trust	<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Partnership/ LLC	<input type="checkbox"/> Single Member LLC (Individual)	<input type="checkbox"/> Resident/Non-Resident Alien	<input type="checkbox"/> Non-United States Business Entity	<input type="checkbox"/> Estate	
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Part II: Taxpayer Identification Number (TIN) & Taxpayer Identification Type															
1. Enter your TIN here: (DO NOT USE DASHES)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%; height: 20px;"></td> <td style="width: 12.5%; height: 20px;"></td> <td style="width: 12.5%; height: 20px;"></td> <td style="width: 12.5%; height: 20px;"></td> <td style="width: 12.5%; height: 20px;"></td> <td style="width: 12.5%; height: 20px;"></td> <td style="width: 12.5%; height: 20px;"></td> <td style="width: 12.5%; height: 20px;"></td> <td style="width: 12.5%; height: 20px;"></td> <td style="width: 12.5%; height: 20px;"></td> </tr> </table>														
2. Taxpayer Identification Type (check appropriate box): <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Employer ID No. (EIN)</td> <td><input type="checkbox"/> Social Security No. (SSN)</td> <td><input type="checkbox"/> Individual Taxpayer ID No. (ITIN)</td> <td><input type="checkbox"/> N/A (Non-United States Business Entity)</td> </tr> </table>		<input type="checkbox"/> Employer ID No. (EIN)	<input type="checkbox"/> Social Security No. (SSN)	<input type="checkbox"/> Individual Taxpayer ID No. (ITIN)	<input type="checkbox"/> N/A (Non-United States Business Entity)										
<input type="checkbox"/> Employer ID No. (EIN)	<input type="checkbox"/> Social Security No. (SSN)	<input type="checkbox"/> Individual Taxpayer ID No. (ITIN)	<input type="checkbox"/> N/A (Non-United States Business Entity)												
Part III: Primary 1099 Vendor & Remittance Address															
1. Primary 1099 Vendor Address: Number, Street, and Apartment or Suite Number City, State, and Nine Digit Zip Code or Country	2. Remittance Address: Number, Street, and Apartment or Suite Number City, State, and Nine Digit Zip Code or Country														
Part IV: Exemption from Backup Withholding															
For payees exempt from Backup Withholding, check the box below. Valid explanation required for exemption. See instructions. <div style="text-align: center; margin-top: 10px;"> <input type="checkbox"/> Exempt from Backup Withholding </div>															
Part V: Certification															
The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. Under penalties of perjury, I certify that the number shown on this form is my correct Taxpayer Identification Number (TIN). Sign Here: <table style="width: 100%; border: none; margin-top: 10px;"> <tr> <td style="width: 40%; border-bottom: 1px solid black; text-align: center;">Signature</td> <td style="width: 20%; border-bottom: 1px solid black; text-align: center;">Phone Number</td> <td style="width: 40%; border-bottom: 1px solid black; text-align: center;">Date</td> </tr> <tr> <td style="border-bottom: 1px solid black; text-align: center;">Print Preparer's Name</td> <td style="border-bottom: 1px solid black; text-align: center;">Phone Number</td> <td></td> </tr> </table> Contact's E-Mail Address: _____		Signature	Phone Number	Date	Print Preparer's Name	Phone Number									
Signature	Phone Number	Date													
Print Preparer's Name	Phone Number														
FOR SUBMITTING AGENCY USE ONLY															
Submitting Agency Code: _____	Contact Person: _____														
Contact's E-Mail Address: _____	Telephone Number: () _____														
Payee/Vendor Code: _____															
DO NOT FORWARD W-9 TO COMPTROLLER'S OFFICE. FAX COMPLETED W-9 FORMS TO THE SCHOOL REQUESTOR.															

**Department of
Education**

Joel I. Klein
Chancellor

**DIRECT REIMBURSEMENT
SOCIAL SECURITY NUMBER FORM**

This form is only for parents who are or may be eligible for reimbursement from the New York City Department of Education (NYC DOE) for direct payments made by parents to outside vendors for services or tuition for their children with disabilities. Use of this form for any other purpose is not authorized and may delay payments from the City of New York or the NYC DOE. If you are eligible for or seek other forms of payment from the City of New York or the NYC DOE, you may be required to complete a W-9 form for that purpose.

Parent Name _____	Phone Number _____
Address: _____	
City: _____	State _____ Zip Code _____
Primary Phone Number: _____	Alternative Contact Number: _____
Parent's Social Security Number: _____	
Child Name: _____	
IHO Case Number: _____	
Certification: Under penalties of perjury, I certify that the number shown on this form is my correct social security number.	
Signature: _____	Date: _____
Parent	

Please return this form to:

Send to: _____ Impartial Hearing Office
131 Livingston Street, Room 201
Brooklyn, New York 11201
Fax: 718-935-2528

_____ Non-Public Schools Payables
65 Court Street, 15th Floor
Brooklyn, New York 11201
Attn: Impartial Hearing Unit

Other: _____ (office)

New York City Department of Education

_____ (address)

_____ (attention)